

REACH Center for the Blind Manual

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CHAPTER 1 (1A) Leadership***1.00 MDRS Mission Statement***

It is the mission of the Mississippi Department of Rehabilitation Services (MDRS / the Department) to provide appropriate and comprehensive services to Mississippians with disabilities in a timely and effective manner. Programs and services assist individuals with disabilities to gain employment, retain employment and/or to live more independently.

1.01 AMRC Mission Statement

In keeping with its mission, MDRS operates a non-profit community rehabilitation program (CRP), The REACH Center Rehabilitation Center (the Center). The mission of the Center is to provide options which promote the personal, social and economic independence of persons living with vision loss.

1.02 Scope of Services

Located in Tupelo, Mississippi, the Center provides the following: Personal Adjustment Training in Orientation and Mobility, Personal Management, Techniques of Daily Living, Leisure Education, Recreation, Arts & Crafts, Communications, Typewriting/Keyboarding and Advanced Communications, GED classes and Vocational Training are also a part of the curriculum designed to meet the needs of those served. The Center also provides individualized vocational evaluations and low-vision assessments.

The Center is committed to providing service delivery that will empower individuals served to reach the highest and most appropriate functional level. This is accomplished through the designation of entrance and exit criteria for each service area.

1.03 Assurances/Principles

1. The Center's leadership is philosophically, as well as legally, committed to ensuring that the human rights, dignity, health, and safety of all its clients are fully protected.
2. The Center's leadership is committed to soliciting and utilizing input from those served throughout all stages of the service delivery process.
3. The Center's leadership is committed to providing services designed to assist those served in reaching their maximum independence. The primary goal for each person is to develop the skills necessary to achieve this goal. A second goal is to coordinate services that will lead to an employment outcome.
4. The Center's leadership is committed to providing services that are individualized,

coordinated, and reflects the informed choices of the persons served.

1.04 Code of Ethics and Ethical Violations

The Center has established a code of ethics and seeks to adhere in all its activities and services to the highest ethical and moral standards. At any time that a presumed violation of either the REACH Center Code of Ethics or the Mississippi Department of Rehabilitation Services Code of Ethics is noted, it should be reported in writing to the Center director or his/her designee. The Center director is responsible for reporting such violations to appropriate MDRS administration. (*Reference: "Code of Ethics and Our Mission Statement" file.*)

1.05 The Governance Authority

As set by state statute and through management by the Mississippi Department of Rehabilitation Services, the Governing Authority provides effective and ethical leadership and stability for the Center so that it can achieve its stated mission. Together they have responsibility for establishing policy and maintaining high standards of operation. The Governing Authority meets formally on a quarterly basis, at a minimum, and informally as needed.

CHAPTER 2 (1B) Governance**2.00 *Governing Authority***

The Governing Authority of the REACH Center for the Blind is a three-member body set by State legislative statute. The Governing Authority has the responsibility for approving the appointment of the Director of the REACH Center for the Blind. In addition, it is responsible for reviewing major policy issues presented by the Director of the Office of Vocational Rehabilitation for the Blind and the REACH Center Director, for maintaining high standards of operation, and for the continuing development of the Center. Members of the Governing Authority, as set by legislative mandate, are the Vice Chancellor of the University of Mississippi Medical Center, the University of Mississippi Medical Center's Assistant Vice-Chancellor for Administrative Services and the Director of the MDRS Office of Vocational Rehabilitation for the Blind. The Governing Authority meets at least quarterly and minutes are kept of all meetings.

Orientation procedures for a new governing authority member include the Center Director arranging a tour of the Center, providing an overview of the Center's operations and its history and copies of governing authority minutes for the previous three years. Policies to guard against the development of a conflict of interest are established by the Department and by the University of Mississippi Medical Center. Any suggestion of the possibility of a conflict of interest between an individual member and the Center is referred to the attorney assigned to the Department by the Mississippi Attorney General's Office for an opinion which shall be binding upon the member in question. (*Reference: "Governing Authority" file.*)

2.01 *Administrative Agency*

The administrative agency of the REACH Center for the Blind is the Mississippi Department of Rehabilitation Services. With the exception of the appointment of the Center Director as noted above, all decisions regarding staff, finances, policies, procedures, and the like, are under the purview of MDRS. The responsibility of administering and supervising the Center's programs, including expansion, changes, or modification of the Center lies with the Department.

MDRS, as the administrative agency, manages the general business, property and affairs of the Center. The Center is located organizationally within the Office of Vocational Rehabilitation for the Blind. OVRB Administrative staff, of which the REACH Center Director is a member, meets periodically at the initiation of the OVRB Director.

2.02 *Organizational Structure*

The Center is structured and administered to meet the established goals of the Department and the Center. The Director of OVRB recommends the designation of the Center Director and all other Center personnel. However, the ultimate approval for employment rests with the MDRS Executive Director. For the purposes of CARF, the Center Director is the chief executive officer of the REACH Center for the Blind. The Department vests authority to the Center Director for the direct oversight of the day-to-day management of the Center in accordance with the policies and procedures of the Department and sound management principles. Support personnel or technical assistants are supervised and function within the organizational structure for the Center as set by the Department.

A review and approval process in critical management areas is carried out through a chain of command. This begins with the Center Director, proceeds to the OVRB Director, the Deputy Director of Vocational Services and on to the MDRS Executive Director. The Center Director reports directly to the OVRB Director who is next in line above this staff position in responsibility and accountability for the management and operation of the Center. In the absence of the Center Director, one of two Assistant Center Directors is in charge of the management of the Center.

The Center Director, with the approval of the OVRB Director, initiates decisions that affect the Center such as the establishment of Center goals and objectives, budgeting, employee selection, staff utilization, space allocation, travel, in-service training, use of consultants, public information, and program development.

The Center Director is responsible for meeting with the staff to ensure that input in these areas is secured and documented. The Center Director provides input on behalf of the entire Center to her supervisor, the OVRB Director.

2.03 *Organizational Chart*

MDRS has an organizational chart that sets forth lines of authority, responsibility, and communication in accordance with Department policies and procedures and with approval of applicable state regulatory agencies. This organizational structure is reviewed and amended as necessary by the MDRS Executive Director. In addition, the Center's organizational chart delineates the lines of authority, responsibility and communication within the Center. (*Reference: "Human Resources" file.*)

CHAPTER 3 (1C) Strategic Integrated Planning

3.00 *Reports*

Various management records and reports generated by the Center are used to guide the operation, support the assessment and improvement in quality of services, measure and communicate performance, and reflect the current status of the Center.

The Center Director assists in the OVRB Director's formulation of policy by presenting and interpreting operating reports, including those reflecting the efficiency and effectiveness of the Center. These reports include, but are not limited to, the following: Monthly Reports, Annual Outcomes Management Report, Outcome Measurement System Results, Financial Statements, Strategic Management Plans, Personnel Reports, and the results of Program Quality Assessment activities. These results are supplied to the REACH Center Governing Authority and to the OVRB Director who presents them to the MDRS Executive Director. These presentations provide an opportunity for policy and operational review, analysis, and action.

The Center Director analyzes management reports and compares performance against budgetary, administrative, and professional standards. In addition, the Center Director analyzes the extent to which the Center's goals and objectives are being attained. The results of these activities are used by the Center Director to upgrade operations by the initiation of appropriate preventive, pro-active, or corrective measures.

The Center Director provides, interprets, and presents data to the OVRB Director and the Governing Authority in order to identify local needs and achievements, ensures that staff is operating in an efficient and effective manner, and initiates statewide management direction and actions to accomplish the goals and objectives of the Center. The OVRB Director initiates ongoing efforts to ensure that a management information system exists to provide regular, timely flow of information.

The MDRS reviews the total effectiveness of the Center in relation to the stated purposes of the Center and the Department. If reviews indicate significant deviations from goals or expectations, then a determination of probable causes and needed changes in either service delivery or expectations are taken under consideration.

3.01 *Strategic Management Plan*

The Center maintains a Strategic Management Plan through the Office of Vocational Rehabilitation for the Blind with goals and objectives based upon a periodic, systematic needs assessment of current and potential consumers. The Center, in accomplishing the planning process,

solicits cooperative interagency coordination for those persons who need long-term assistance and/or supplementary supportive services. Center personnel participate in local community planning activities related to the persons served and the mission of the organization. (*Reference: "Strategic Management Plans", "Clients Referred for Ancillary Concurrent Services", and "Community Involvement files."*)

3.02 Additional Planning Tools

The Center's target service area is statewide. Its services are intended for people who are blind or visually impaired and who are eligible clients of one of the programs administered by the Office of Vocational Rehabilitation for the Blind.

The Center describes changes and trends that may affect planning and have an impact on the future. These may include such items as changes in the community, government, economy, labor market, consumer needs, service area, and services. In addition to the Strategic Management Plan, the center uses the following to document planning for future needs:

1. Accessibility Plan
2. Staff Development and Training Plan
3. Outreach Plan
4. Short-Long Range Goals

CHAPTER 4 (1D) Input from Persons Served and Other Stakeholders

4.00 Input from Stakeholders

The REACH Center for the Blind is committed to creating an environment that is responsive to the needs and expectations of the people served, and that is relevant to their maximum participation in society. The involvement of the people receiving the services or their personal representatives is an integral part of the total environment of the REACH Center for the Blind. By providing opportunities for consumers themselves to have input about the system, the REACH Center benefits from their unique perspectives, and demonstrates a belief in the value of self-determination and informed choice.

The Center is committed to obtaining and utilizing input from those served throughout every aspect of the service delivery process. The Center has established written procedures which describe each of the major systems used to obtain input from persons served and other stakeholders.

4.01 Case/Program Managers

In addition to formal methods for receiving input, the Center is committed to maximizing opportunities for clients to contribute in more informal ways to the development and implementation of their program of services. The Center Director maintains an "open door" policy and meets with each new client shortly after arrival. All clients entering the Center are assigned to a Program Manager who is responsible for developing, implementing, monitoring and modifying as necessary the clients' program of services. Program Managers meet regularly with each client on their caseload, acting as a liaison with the client's MDRS district counselor and with other service providers.

Input received from these procedures is reviewed and used to make decisions about program improvement, change, or modification to insure that the needs of the persons served are being met. When appropriate, input is used to change practices and/or policies of the REACH Center for the Blind.

4.02 Consumer Based Planning

The Center maintains its programs based upon the needs of prospective and current consumers. Consumers include persons served and referral sources. It is critical that communication between the Center and its consumers be maintained to ensure the Center's programs and services are effectively utilized.

4.03 Mechanisms Used to Obtain Input

The methods include but are not limited to the following:

1. Client/Director Meetings - The Center Director or designee meets with the

persons served periodically. The purpose of this meeting is for the persons served to have direct access to the top management at the Center in order to pose questions, state concerns, and provide input into the operation of the Center. Although information is disseminated to them during these meetings, the main purpose is to solicit feedback and questions from those served in a group setting. (Reference: "Client / Director Meetings" file.)

2. Human Rights Committee - The committee meets quarterly or on an "as needed" basis. It is composed of three clients, the Center director and the chair of the committee. The purpose of this committee is to provide a mechanism for complaints and/or concerns to be identified and presented, as appropriate, for management response or action. This is to ensure that the persons served have input into service delivery and Center management as it pertains to their rights. The committee examines and evaluates any restrictions and practices that may affect the human rights of a single client or the entire client population. The Center Director is designated to serve as an advisor to this committee. (Reference: "Rights of Persons Served" file.)
3. Suggestion Box - In order to promote input from those served, a suggestion box is located in the client lounge on the second floor. Suggestions are discussed during Client/Director Meetings, Center Staff Meetings, and/or Human Rights Committee Meetings as appropriate.
4. Client Advisory Committee - A group of three clients is chosen at random and serves voluntarily to gather input from their peers. This input is shared with staff at the Psychosocial Committee meetings. Oral and written input from individual clients is solicited from those served through each phase of the service delivery process (from intake to program planning and service implementation, to progress reviews, exit and follow-up). The Center's Program Managers are charged with maintaining regular and ongoing contact with clients assigned to their caseloads. Program Managers document all significant communication with or about clients on their respective caseloads in the client file's running records. Program Managers also maintain regular contact with referring district counselors of each client, informing them immediately, either orally or in writing, of any significant issue that may arise.
5. Public Meetings - Input from those served and the general public is solicited and secured annually at regional meetings for the public review of the

Mississippi OVR/VRB State Plan. Meeting locations and schedules are advertised and other informal means are used to encourage participation from advocacy groups, consumers, and the general public. The Mississippi

OVR/VRB State Plan is available for review by persons with disabilities and/or other interested parties during regular office hours at the Department's central administrative office and certain district locations, including the REACH Center for the Blind. The State Plan is provided in alternate media for access by people who are blind or visually impaired.

6. Facilities Advisory Committee - Input is solicited from the representatives of the service community and blind consumers through the quarterly meeting of the Facilities Advisory Committee. (*Reference: "Facilities Advisory Committee" file.*)

The Center develops and maintains an annual comprehensive, written consumer-based management plan. This plan is the result of the Center's investigations and its mission in the community. As a minimum, this plan includes:

1. A ***prioritized*** set of objectives
2. An action plan to accomplish the objectives
3. Identification of responsibilities for accomplishment of the planning objectives to include who will be responsible for what and the time frames that are projected for their accomplishment
4. An evaluation of performance toward objectives (minimum of annually) (*Reference: "Outcomes Measurement System" and "Strategic Management Plans" files.*)

4.04 Facility Advisory Committee

The Center maintains continual participation in a Facilities Advisory Committee (the Committee). The Committee provides a mechanism to promote community input. It also solicits and secures community involvement in support of the Center. The Committee serves strictly in an advisory capacity and has neither legal responsibility nor authority over the operation of the Center. The Committee is composed of members who are blind consumers or who are representatives from the various agencies and organizations for people who are blind or visually impaired.

The purpose of the Committee is to gather and provide diverse, energetic, and creative community input. Functions of the Committee are to promote accessibility (physical, programmatic, economic/employment) for persons with disabilities and interagency service coordination. The Committee meets at least quarterly with minutes taken at all meetings. (*Reference: "Facility Advisory Committee" file.*)

4.05 *Public Relations and Outreach Information*

REACH Center for the Blind maintains an active, ongoing public information (PI) program that serves to promote understanding and support of the Center while preserving and respecting the dignity and rights of the persons served.

The Center plans, initiates, and documents PI activities. Open houses, involvement in local interagency councils or boards, press releases, and presentations to civic organizations represent examples of PI activities. PI is the key to community support and serves to enhance the viability of the Center. The Center Director is directly involved in PI activities and other related duties but is provided support and technical assistance from specialized Center staff. (*Reference: "Public Information and Outreach" file.*)

The purposes of the Center are clearly stated in various publications which are distributed to staff, those served, referral sources, and other interested individuals or groups. All Center brochures and other appropriate publications contain descriptions of the services available and are designed to enhance the value of the persons served. All PI activities are conducted in accordance with MDRS Policy Manual, 1.10 Public Information Guidelines, page 1-28.

4.06 *Staff meetings*

Staff meetings of management and professional staff in the Center are held at least monthly. Minutes of all staff meetings are taken and distributed to personnel. Through these meetings Center staff are provided opportunity to make suggestions, offer observations, as well as receive information from the Center Director about progress toward reaching management goals. (*Reference: "Staff Meeting Minutes" file.*)

CHAPTER 5 (1E) Legal Requirements and Legal Issues

5.00 Legal Conformance

It is the intent of the REACH Center for the Blind to demonstrate conformance with all applicable legal requirements and regulations of the governmental authorities and legally authorized agencies under whose authority it operates. In support of this intent, the Center maintains all legally required licenses and certificates that relate to its conformance with such requirements including, but not limited to, accessibility, affirmative action, equal employment, health and safety, licensure and fair labor practices. (*Reference: SPB Personnel Handbook; Executive Director's Memoranda; "Human Resources" file.*) Applicable legal requirements are checked periodically with the attorney assigned to the Mississippi Department of Rehabilitation Services from the State Attorney General's Office.

The State of Mississippi does not require licensure of community rehabilitation programs. Should the Center plan to engage in any activity regulated or licensed by the State or the United States Government or any other legally authorized agencies under whose authority it operates, then the appropriate licensure or certification will be secured prior to the initiation of the activity.

5.01 Search Warrants and Legal Proceedings Involving Staff

The policy for personnel responding to search warrants, investigations, inquiries from attorneys relating to current or former clients or other legal actions are as follows:

1. Contact the immediate supervisor for assistance.
2. If a staff member receives a subpoena, he/she will follow guidelines in the OVR/OVRB Policy Manual: Section 3.5.
3. All legal inquiries concerning clients must be directed to the center director or his/her designee.
4. The MDRS staff attorney will be consulted on any issue needing legal guidance.

CHAPTER 6 (1F) Financial Planning and Management

6.00 Financial Policy

The REACH Center for the Blind is accountable for efficient and effective financial management to ensure the viability of its programs.

Fiscal affairs are managed in a manner that is consistent with the purposes of the Center and in accordance with sound practices and legal requirements as promulgated by the MDRS Office of Finance and the State of Mississippi Department of Finance and Administration. All financial matters are reviewed by multiple levels of administrative personnel.

6.01 Fiscal Management

All the fiscal affairs of the Center are conducted in a prudent manner consistent with sound business practices as well as State and Federal requirements. Efficient and effective recording, reporting, and controlling of expenses, assets, and liabilities are accomplished through written policies and procedures established by the Department and maintained at the MDRS Central Office.

6.02 Funding

The Department funds the Center. (*Reference: "Budget" file.*) Limited revenue is generated by donations from civic groups and individuals. All such donations are deposited in the Tupelo Lions REACH Center account.

6.03 Fee Splitting Policy

The Department prohibits the splitting of fees with third party sponsors as consideration for referral of the person to be served.

6.04 Donations Policy

The Center documents the receipt of all donations and provides a letter of acknowledgement to donors listing the current tax-exempt status of the CRP. Receipt of donations is verified in writing by at least two staff members, and the fair market value of the donation is documented. (*Reference: Blank Form Book and Donations*)

6.05 Insurance

Through the Department, the Center maintains a comprehensive risk protection program which includes general liability, workers compensation, bonding, automotive liability, and damage to the property of others. This program is reviewed on an annual basis. The Department does not provide malpractice liability or errors and omission coverage. However, the Mississippi Tort Reform Act provides limited coverage to state employees who are acting within the scope of their employment.

6.06 Financial Records

Fiscal records covering all aspects of the financial operation of the Center are maintained by the Department. (*Reference: "Budget" file.*)

6.07 Release of Financial Information

Under no circumstances is financial information released to any parties other than OVRB personnel unless so authorized by the OVRB Director or his/her designee. General financial information is contained in the MDRS Annual Fiscal Report which is distributed to the general public. (*Reference: "Outcomes Measurement System" file.*)

6.08 Cash Management Policy

1. Working capital needs for the Center are provided for in the operation of the MDRS Central Fund.
2. Cash control procedures for the Petty Cash Fund include adherence to State and Federal guidelines and accepted accounting principles.
3. Procedures are in place to account for the holding and expending of money belonging to persons served. (*Reference: "Cash Management Policies" file.*)

6.09 Budget

The Center prepares and submits an annual budget. Fiscal reports are generated monthly by the MDRS Finance Office. The Center's budget reflects the needs and resources for realizing its goals and includes input from professional and/or administrative staff concerning equipment, modification of physical facilities, and staffing requirements. The budget is approved by the MDRS Executive Director in consultation with the OVRB Director prior to the initiation of the fiscal year. The budget is used as a management tool to assess accomplishment of financial goals. Budget line items are

compared with actual performance on a monthly basis. (*Reference: "Budget" file.*)

6.10 *External Audit*

The Center is audited as a part of the standard procedures under which the Department is audited. Results of any audit are reviewed, responded to, and as needed corrective action is taken in regard to the recommendations.

6.11 *Annual Fiscal Report*

An annual fiscal report of the Center's activities is prepared and communicated to the public as a part of the MDRS reporting procedures.

CHAPTER 7 (1G) Risk Management

7.00 Risk Management Policy

The REACH Center for the Blind engages in activities designed to control threats to its customers, property, goodwill, and ability to accomplish goals. Through a documented security plan pro-active measures mitigate risks.

7.01 Security Plan

The Center maintains a written security plan which details security provisions and procedures in order to provide maximum protection of the assets of the Center. In addition to the efforts put forth by the Center, back-up protection is provided by the University of Mississippi Medical Center's Department of Campus Police.

7.02 Physical Plant

The Center Director and/or his/her designee are responsible for insuring that all doors are locked and all areas secured.

7.03 Keys

The Center exercises reasonable efforts to disseminate and collect keys to the physical plant. Staff members are only given keys to gain access to their respective work areas. Keys to the clients' files and safe/vault room are restricted to the Center Director, the Assistant Center Directors and the designated staff member responsible for this area. In dispensing keys to staff members, the CRP maintains documentation with signatory acknowledgement that the staff member has been provided such keys, agrees not to make copies of the keys, and will return the keys upon their termination of employment with the Department or upon their relocation to another physical plant. Appropriately located, locked key box (es) shall contain spare keys to each door in the facility. Vehicle keys are secured in the Front Office area.

7.04 Vehicles on-site are disseminated and collected on a daily basis.

Center vehicles are parked in a secure area on the premises. Vehicles are locked and secured at night. In no instance may a Center vehicle be parked at a personal residence unless approved in advance by the Center Director.

7.05 *Financial Documents & Equipment*

General ledgers, journals, and other critical accounting information are kept within the Center

Director administrative assistant's office. Petty cash and other funds are kept within the Center safe. Only the Center Director, Assistant Directors, and administrative assistant(s) have access to the safe

The postage machine is located in the Center workroom area which is accessible by codes only. Each department (AMC, AT, BEP, ILS Project START) has a separate code that enable them access to the postage machine.

Fuelman Cards

Designated staff is assigned employee driver PIN numbers for which they are responsible. Vehicle gas cards are kept in each vehicle and must have an employee PIN number to be activated.

7.06 *Insurance*

Through the Department, the Center maintains a comprehensive risk protection program which includes general liability, workers compensation, bonding, automotive liability, and damage to the property of others. This program is reviewed on an annual basis. The Department does not provide malpractice liability or errors and omission coverage. However, the Mississippi Tort Reform Act provides limited coverage to state employees who are acting within the scope of their employment.

CHAPTER 8 (1H) Health & Safety

8.00 *Safety and Health Policy*

The REACH Center for the Blind is committed to the maintenance and monitoring of the safety conditions of its physical plant. The welfare of the clients and staff is a matter of priority. The Center is committed to maintaining optimal safety practices, instructional environments, and equipment operation to ensure the welfare of both clients and staff is protected. The Center maintains an active, ongoing, comprehensive health and safety plan. The Center's daily procedures ensure a safe, healthy environment.

8.01 *Program Restrictions*

The client's health and any other special considerations are taken into account when deciding appropriate program assignments. Any restrictions are provided in written form to the Assistant Director of Client Services who is responsible for assigning class schedules. Documentation of such restrictions is maintained in the case file.

8.02 *External Safety Inspections*

Types of Inspections

Comprehensive, externally conducted inspections of the premises and operations are conducted in the areas of health and safety. Documentation of these inspections, areas covered, and recommendations are obtained. (*Reference: "External Inspections" file.*)

These inspections where applicable cover the following:

1. Emergency warning devices, means of egress, and emergency plans.
2. Operations involving hazardous materials and processes including safe and effective management of bio-hazardous materials.
3. Walking and working surfaces.
4. Health and sanitation provisions in food preparation, eating areas, rest rooms, etc.
5. Working environment including ventilation, illumination, noise, and air contaminants.
6. Fire protection in accordance with applicable provisions of the National Fire Protection Association Fire Code.
7. Electrical system hazards.

Qualifications of Inspectors

Surveys and inspections must be made by competent authorities. These include combinations of the following:

1. A licensed or registered safety engineer, where applicable.

2. A representative of a state agency providing an inspection on a consultative basis.
3. A private safety consultant or one who represents the Department's fire or Worker's Compensation carrier.
4. A local fire control authority such as personnel from the University of Mississippi Medical Center or the City of Jackson
5. A State or Federal technical assistance consultant in safety and health

Frequency of Inspections

Comprehensive, externally conducted fire inspections of the Center are accomplished at a minimum of every three years. Comprehensive, externally conducted safety inspections of the Center are accomplished at a minimum of every three years. New or supplemental inspections are conducted upon occupancy of new quarters or the installation of new processes or major items of equipment.

Response to Inspections

A written response is developed which documents results of the review and corrective action taken with respect to reports and recommendations received from such inspections.

8.03 *Internal Health & Safety Program*

The Center maintains an organized, comprehensive health and safety program. (Reference "Safety Policies and Procedures" file.) This program provides for:

1. Designation of person(s) responsible for the health and safety program.
This may be the chairperson of the Safety Committee or the entire committee if so designated.
2. Emergency Plans and Procedures
 - a. The Center maintains written emergency plans which are posted in appropriate locations in the Center and communicated to staff and supervisory personnel. The emergency plans include provisions for dealing with bomb threats, fire, medical emergencies, power failures, and natural disasters. Records document that all staff are knowledgeable of the fire and emergency plans. The plans include provisions for temporary shelter and handling of evacuees.
 - b. Tests of emergency situations are conducted at least once a month. All emergency provisions of the safety plan are tested at least once per year. These provisions may include but are not limited to fire, tornado, earthquake, gas leak, power failure, bomb threat, medical emergency, chemical spill, terrorist attack, etc.
 - c. Each drill or test of emergency provisions is documented to analyze the

conduct and effectiveness of the drill. Such reports are submitted to the Center Director. (*Reference: "Drills" and "Safety Policies and Procedures" files.*)

- d. The Safety Committee meets quarterly. The committee reviews all reports of incidents, illnesses, injuries, safety inspections, drills, etc. This committee is responsible for conducting documented self-inspections of the facility at least quarterly. The committee reviews the entire safety plan and program and, as appropriate, makes recommendations in writing to the Center Director. (*Reference: "Safety Policies and Procedures" file.*)
- e. All evacuation exits are properly marked in a manner appropriate to the needs of clients and staff.
- f. The Center maintains a written medical emergency plan that is posted in the first aid room and at other appropriate locations. The purpose of the plan is to outline procedures for the procurement of medical care that is beyond the scope of basic first aid. (*Reference: "Safety Policies and Procedures" file.*)

8.04 *Emergency/Crisis Procedures*

The comprehensive, detailed Center's Safety/Crisis Plan covers all crisis, disaster and emergency situations including procedures for dealing with disruptive or violent behaviors, the presence of unauthorized, threatening persons in the Center, and emergency situations related to weather, fire, bomb threats, accidents involving hazardous materials and the like. The Plan contains procedures for notification of proper authorities, evacuation, accounting for and relocation of staff and clients. All staff receives regular and ongoing training involving the Safety/Crisis Plan and the procedures to follow in the case of crisis or emergencies. (*Reference: "Safety Policies and Procedures" and "Staff Development and Training" files.*)

8.05 *Critical Incident Reporting Procedures*

The Center maintains written procedures that specify actions for the reporting and investigation of all incidents, injuries, and illnesses regardless of the need for medical treatment. (*Reference: "Incident/Accident Reports" file.*) This plan provides for the following:

- 1. Prompt recording of the incident to the appropriate persons within the organization and prompt emergency care
- 2. Recording of the essential facts surrounding the incident
- 3. Review of the incident reports by the Safety Committee to formulate recommendations for improving the safety program and handling of incidents and injuries

4. Documentation of corrective action taken, as appropriate, to implement recommendations

8.06 *Health & Safety Training*

Training is provided by external authorities, videotapes, and internal personnel with the required competencies. (*Reference: "Staff Development and Training" file.*)

The Center provides training to the appropriate staff, volunteers, interns/trainees and clients by the following safety methods:

1. Safety meetings to resolve safety issues or problems
2. Posted safety rules and practices
3. Training in techniques for fire suppression (annually)
4. Annual training of staff to deal with persons with violent, aggressive, or other unsafe behaviors (threats of homicide, suicide, or cases of abuse, etc.)
5. Training in adult CPR and basic First Aid Techniques to ensure a sufficient number of personnel is able to provide basic first aid and cardiopulmonary resuscitation (CPR) in each work or office area at all times during the routine hours of operation.
6. Training in Defensive Driving (annually)
7. Prevention and control of infectious diseases, including the Blood Borne Pathogens Exposure and Control Plan (annually).

8.07 *Smoking Products Policy*

The use of tobacco products was prohibited on the UMC Campus as of November 1, 2005. Center clients are allowed to smoke only on balconies of the 2nd (dorm) floor. (*Reference: "Rights of Persons Served" file and Client Handbook.*)

8.08 *Infection Control Policy*

The Center maintains an ongoing, organized written program for the education and training of clients, staff, volunteers, and interns/trainees in the prevention and control of infectious diseases including, but not limited to the following: Human Immunodeficiency Virus (HIV), Staph infections, Hepatitis, Rubella, Tuberculosis, and Cytomegalovirus (CMV). Training in infectious disease prevention and/or management is conducted at least annually for staff and periodically for clients. Every client receives information and signs the "Universal Precautions" form at intake. (*Reference: "Health Policies and Procedures" and "Rights of Persons Served" files.*)

8.09 *Emergency Medical Information*

The Center keeps medical information on all current staff and clients which contains the basic information that would be needed in an emergency situation. This medical information is in a notebook, which is easily accessible so that it can be removed in case of building evacuation.

8.10 *Medication Monitoring Policy*

When necessary, the Center is responsible for the administration, handling, storage, and disposal of oral and injectable medications. Written procedures are in place for the storage and dispensing of medications. (*Reference: "Health Policies and Procedures" file.*) The Center Nurse supervises all activities related to the administering and monitoring of medication. Trained staff may also utilize basic first aid supplies (i.e., burn cream, ointments, eye wash, etc.).

8.11 *First Aid Room*

The Center maintains a suitable first aid room that has adequate medical supplies and equipment to provide basic first aid.

8.12 *Ergonomics Policy*

The Center is committed to providing a safe working environment for clients and staff. A Risk Management Site Survey identifies problem areas which might cause injury and makes suggestions for improvement. The Center utilizes this information to plan improvements to the work environments: physical facility, equipment, furniture, work method, etc. (*Reference: "Safety Policies and Procedures" file.*)

8.13 *Emergency Lighting*

The Center has an acceptable form of emergency lighting to ensure safe egress from the building in the event of a power failure. Safety authorities have approved the alternate emergency lighting.

8.14 *Equipment Safety*

Equipment used in the instructional areas by clients or staff is calibrated and maintained in accordance with the manufacturer's recommendations.

8.15 *Emergency/Fire Alarm System*

The Center maintains acceptable equipment for fire detection, warning, and suppression. This equipment appropriately meets the needs of the clients and staff.

The emergency alarm system is inspected and approved by a fire control authority. The emergency alarm system provides for both auditory and visual alert. The emergency alarm system has an alternate or back-up power source and there is an alternate alarm system that operates in the absence of power.

8.16 *Transportation*

1. The department maintains a preventative maintenance and inspection program to ensure the safe operation of vehicles and to promote the long-term life of the vehicle. (*Reference: "Safety Policies and Procedures" file.*) Vehicle bodies and interiors are maintained in a manner that promotes the positive image of the MDRS transportation system. They provide an attractive, comfortable, safe, and efficient means of transportation. Vehicles are serviced and cleaned on a routine basis. Methods used to minimize breakdowns and expensive repairs and to identify when maintenance is needed include:
 - a. Weekly Vehicle Inspection
 - b. Vehicle Service History
 - c. Routine Maintenance Schedule
2. Vehicles and related auxiliary equipment meet all applicable legal requirements and are maintained in a safe and efficient condition.
3. Seat belts are used in all vehicles transporting people.
4. Each vehicle has adequate first aid supplies, fire suppression equipment, and DOT approved triangle reflectors. These items are secured in a manner which prevents them from posing safety hazards to passengers.
5. The Center maintains and updates a list of all authorized drivers. Included on this list is the following information: driver's name, job title, license number, date of birth, and types of vehicles authorized to drive.
6. MDRS verifies proper licensure of drivers upon employment as part of the background check by procuring a motor vehicle report (MVR) of the driver. At least annually, the Center updates information to verify the credentials of all authorized drivers.
7. All drivers for the Center have photo identification or other type of visible identification to identify them as an authorized representative of the Center.
8. The Center provides all drivers with annual, specialized training regarding the safe operation and use of the vehicle driven. This training includes, as applicable, the movement of people and/or materials as well as the safe

transportation of persons with disabilities.

9. At least annually, all vehicle operators are provided training in the handling of accidents and road emergencies. All vehicles have supplies and/or equipment to aid in the response to a road emergency. Written procedures for handling road emergencies and/or accidents are placed in accessible locations in the vehicle.
10. In the event that evidence is provided on an authorized driver regarding moving violation or hazardous driving, the Center Director determines if the driver shall continue to operate Center vehicles or if disciplinary action is to be carried out. SPB policies are applied to State employees in these circumstances. In no event is a driver who demonstrates reckless or dangerous performance allowed to drive a Center vehicle.
11. In the event that an accident occurs with a Center vehicle, the Center Director or his/her designee conducts a thorough investigation of the accident.

8.17 Alcohol and Drug Testing Policy

The REACH Center has a drug and alcohol testing policy which is designed to provide early detection and to reduce significantly or eradicate use, possession, and influence of alcohol, prohibited drugs, and/or other chemicals within the REACH Center environment. In pursuit of such purpose, REACH Center declares that the use or possession of drugs and/or alcohol or intoxication and physical influence thereof at the Center or at Center-related or sponsored activities, events, or functions is inherently detrimental to the attainment of a maximized vocational rehabilitation experience and, therefore, will not be tolerated. (*Reference: "Rights of Persons Served" file.*)

CHAPTER 9 (1I) Human Resources

9.00 *Staffing Pattern and Back-up Plan*

The staffing pattern at the REACH Center for the Blind is established to meet the fluctuating service demands of clients throughout the year, except for designated holidays/closings. This necessitates flexibility of faculty who often assist in more than one area of the Center. When faculty expects to be unavailable to teach their classes, they must submit a plan for the continuation of services to clients assigned to their instructional units. Such plans can include substitution of other Center staff, use of volunteers or guest speakers, or special activities. The Assistant Director for Client Services reviews these plans prior to approval of the Request for Leave. For unexpected absences, the Assistant Director for Client Services or the Program Manager temporarily assigns other qualified instructors to provide scheduled training or substitute appropriate activities so that services are not interrupted.

9.01 *Staff Qualifications*

The Department strives to employ the most qualified, competent personnel to provide rehabilitation services essential to the achievement of its stated goals. Standards for the establishment of qualifications for personnel are set from the Department by the Mississippi State Personnel Board (SPB) with comparison to appropriate qualification requirements for similar jobs in state government. All persons in a supervisory capacity are required to hold the qualifications, experience, and skill to provide sound supervision of employees.

9.02 *Background/Credentials Verification Policy*

The credentials and qualifications of persons hired for state service positions are verified by the SPB. The department's HRD also does an investigative background check on certain other information, such as driving records. Credentials and qualifications of persons employed directly by the Center may be further verified by the Center Director. Verification activities include review of official transcripts, school records, contacts with previous employers and character references or other information as needed. The Center Director or his/her designee conducts a verification of the background/credentials on any volunteer, intern and/or consultant utilized by the Center.

9.03 *Nondiscrimination Policy*

The Department maintains a policy and has procedures in place to ensure nondiscrimination in regard to employment, promotion, pay, or place of work regardless of race, creed, national origin, sex, disability, or age. (*Reference: SPB Employee Handbook, SPB Basic Supervisory Course Handbook and Executive Director's Memoranda.*)

9.04 *Interns/Trainees*

All interns/trainees serving at the REACH Center for the Blind meet appropriate legal requirements for the work performed as well as have a basic professional understanding of the area in which they serve. Interns/trainees are held to the same professional standards and code of conduct required for full-time employees. The Department has an ongoing, collaborative relationship with various universities and colleges to provide rehabilitation interns/trainee positions (also called "practicum" experiences) to students. Interns/trainees are coordinated through the MDRS Office of Human Resource Development (HRD).

9.05 *Volunteers*

Any volunteer used by the Center is supervised. Volunteers are held to the same professional standards and code of conduct required for their assignment as any full-time employee. (*Reference: "Volunteer/Intern Program" file.*)

9.06 *Outside Consultants*

The Department procures the services of outside medical, psychiatric, and other experts in accordance with the fee schedule established by MDRS. These services are obtained from appropriate certified and licensed authorities or those who meet standards as established by the Department.

9.07 *Job Descriptions*

Each staff and volunteer position has a job description that sets forth qualifications, the reporting supervisor, positions supervised, and duties, including essential job functions for the position. Job descriptions are dated, for appropriateness, and provided to the individual involved. (*Reference: Center's Personnel Files and "Volunteer/Intern Program" and "Human Resources" files.*)

9.08 *Orientation Policy (Employees/Interns/Trainees/Volunteers)*

MDRS maintains a written policy of timely orientation of new staff members, staff moving to new positions, consultants, volunteers and interns/trainees. (*Reference: OVR/OVRB Policy and Procedures Manual; "Volunteer/Intern Program," "Human Resources" files.*) Organized documentation is maintained on orientation of staff, volunteers and interns/trainees. Any personal risk, liability, and insurance coverage are communicated to the volunteers and interns/trainees. A Checklist is used to ensure that all important information has been communicated to the individual. (*Reference: Blank Forms Book.*)

9.09 Personnel Policies for Employees of REACH Center

MDRS has established personnel policies and procedures. (*Reference: SPB Employee Handbook, SPB Basic Supervisory Course Handbook, HRD Policy Memoranda, and Executive Director's Memoranda.*) Each employee is given in-depth instruction in personnel policies and procedures and signs a statement verifying these procedures have been explained and are understood. All personnel are provided a copy of personnel policies/procedures. Policies are reviewed annually.

Personnel policies and procedures have been developed and implemented to clarify what the Department expects of personnel and what personnel can expect from the Department. MDRS Personnel Policies/Procedures include but are not limited to the following:

1. Employment procedures
 - a. Authority for hiring and firing
 - b. Administrative requirements
 - c. Job descriptions for each position which are provided to the employee
2. Operating policies
 - a. Probationary period
 - b. Performance appraisal
 - c. Conduct and general regulations
 - d. Hours of work, holidays, vacations, leave of absences
 - e. Promotion policy
 - f. Grievance procedures
 - g. Disciplinary actions
3. Wages/Benefits
 - a. Method of payment
 - b. Fringe benefits
 - c. The Mississippi Tort Reform Act provides limited liability coverage to state service personnel acting within the scope of their duties.

The MDRS does not provide general malpractice liability insurance. The MDRS encourages all personnel to purchase malpractice insurance on a private basis.

9.10 Performance Appraisals

The staff of the REACH Center for the Blind receives a performance appraisal at least annually with a semi-annual review and feedback session in accordance with MDRS policies and procedures. The performance appraisal is conducted by the immediate supervisor. The results of performance appraisals are provided in written form and reviewed with the respective employee. Management and supervisory personnel are responsible and accountable for employee scheduling, job performance, and performance appraisal of employees.

The immediate supervisor is responsible for conducting performance appraisals on all subordinates. These results are documented, reviewed with the staff, and included in the individual's personnel file. The performance appraisal is based upon an assessment of job performance in relation to quantity and quality of work. The performance appraisal includes establishing objectives for the next rating period. (*Reference: Center's Personnel Files.*)

9.11 Staff Input

Opportunities for Staff to have input on personnel policy is provided through staff meetings, suggestion solicitation, and submittal of proposals to the appropriate administrative authority. State employee personnel policies are subject to the control of the SPB with the Center's personnel policies directly under the authority of the MDRS Executive Director.

9.12 Staff Development and Training

The Center Director conducts periodic assessment of the training needs of personnel and maintains a planned, scheduled in-service training program.

1. The CRP, as well as MDRS, maintains a library of relevant professional material. (*Reference: "Resource Material: Professional/ Educational" file.*)
2. Supplemental, continuing, or advanced education is provided, as appropriate to the needs of MDRS, contingent upon availability of funds.
3. The Department, with its own Program Evaluation Unit as well as other external entities and as opportunities are available, engages in appropriate rehabilitation research.
4. In-service training budgets and time allocations are established at the Department level for all personnel.
5. The Center engages in an active and ongoing process of staff development related to pertinent issues and concerns and in response to identified needs. (*Reference: "Staff Development Training" file.*)

9.13 Community Involvement

The Center Director and staff show evidence of involvement in local, state, and national professional and/or civic and community organizations. A listing of staff involvement has been developed and is updated annually. (*Reference: "Human Resources" file.*)

9.14 Staff-Client Fraternization

In order for staff to carry out their assigned duties of training and guidance without contributing

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to feelings of dependence or favoritism, the staff is prohibited from fraternizing with students on an individual or selective basis. However, staff is encouraged to participate in group activities during or after class hours.

CHAPTER 10 (1J) Technology**10.00 MDRS Management Information System (MIS)**

The Department provides overall technology solutions and support for the Center. This includes hardware, software, assistive technology, security, virus protection, backup and disaster recovery plan and repairs and maintenance.

10.01 Case Management Software

AACE (Accessible Automated Case Environment) provides communication, data collection, documentation and performance information via the agency network. Service requests from district counselors within the network are completed on-line.

10.02 Confidentiality of Records

The REACH Center for the Blind takes all necessary actions to safeguard the use of information technology and confidential information stored and accessed on the Center's computers and the MDRS agency network. (*Reference: "Information Technology and Computers" file.*)

10.03 Use of Computers

All staff are required to sign a statement regarding appropriate and ethical use of computer equipment and agency information at the time of employment.

CHAPTER 11 (1K) Rights***11.00 Assurance of Commitment to Rights of Persons Served***

The REACH Center for the Blind is philosophically, as well as legally, committed to insuring that the rights of all its clients are fully protected. These policies and procedures are communicated to persons served, Center faculty and staff, consultants, interns/trainees, and volunteers through the Center Manual and the Client Handbook. These rights include but are not limited to the following:

1. The right to personal privacy unless the safety and welfare of the person served or others is threatened or there is a violation of state or federal law
2. The right to be treated with dignity and respect at all times
3. The right to be free from psychological and/or physical abuse in any form
4. The right to be given all appropriate information concerning service delivery and consideration for placement in the highest and most appropriate program level
5. The right to have maximum input into the delivery of services whenever possible.

11.01 Violations and/or Complaints

The Center uses the complaint/suggestions procedure to allow for client allegations of possible infringements of his/her rights. Whenever there is a suspected case of client abuse, neglect or exploitation, the Center staff follows procedures contained in the MDRS Policy Manual.

Any staff member who is found to have violated the rights of any person served will be appropriately disciplined under the provisions and overview of the SPB. Any violation of the rights of those served is promptly reported to the most appropriate level supervisor who is not directly involved in the violation. Failure to report a violation is a serious offense, as this implies collusion with the violation. Upon the report of a violation, a thorough investigation is undertaken within a thirty-day period. Disciplinary action, if determined appropriate, is initiated under the guidelines of the SPB.

11.02 Informed Consent

Signed informed consent is obtained from the person served prior to the implementation of any procedures that restrict or limit the rights of the person served (e.g.: removal of phone privileges, short-term suspensions, terminations). (*Reference: Blank Forms Book.*)

Positive behavior modification is tried prior to the use of any restrictive procedures.

11.03 Physical/Psychological Abuse

Abuse of any individual served by a staff member is considered a serious offense. Abuse includes any type of physical abuse (including corporal punishment) and/or any psychological abuse (including humiliating, degrading, or exploiting). The party involved is subject to dismissal. In addition, any employee who has knowledge of such abuse and fails to report the abuse is subject to disciplinary action. Any client who abuses another is subject to immediate dismissal or other disciplinary action dependent upon the circumstances.

11.04 Sexual Harassment Policy

The Department maintains a strict policy regarding the prohibition of sexual harassment in any form. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, work performance, or creates an intimidating, hostile or offensive work environment. Any report of sexual harassment is promptly investigated and appropriate disciplinary measures taken. (*Reference: SPB State Employee Handbook and MDRS Policy Manual, "Sexual Harassment".*)

11.05 Release of Persons Served

The Center does not release a client, who is under age, legally adjudicated as not competent or whose mental and/or intellectual condition prevents the ability to adequately represent his/her own interests, to any party other than the person's parent, spouse or legal guardian unless such parties provide written authorization to release the client to another designated individual, agency, or institutional representative.

11.06 Grievance/ Complaint Procedures

The grievance procedures for clients of the REACH Center are adapted from the Hearing Policy in the Mississippi Department of Rehabilitation Services Vocational Rehabilitation/Vocational Rehabilitation for the Blind Policy Manual. This information is in the Client Handbook and is explained to all clients at the beginning of the services.

CHAPTER 12 (1L) Accessibility

12.00 Location of Facility

The Center is geographically located in the northern part of the state and in an area in the community that is readily accessible to clients, staff, and visitors. The facility is designed to provide adequate parking, dining areas, and other common services. Areas in the physical plant are designated for counseling, testing, instruction, training, residential and administrative services.

12.01 Accessibility Plan

The Center has a written plan for addressing barriers Identified in the following areas:

1. Attitudes - The REACH Center for the Blind is committed to the removal of all attitudinal barriers to service access. Center staff, OVRB personnel, and clients are assessed regarding attitudes, including perceptions that may be in conflict with full integration of people with disabilities into the programs and services of the organization. This assessment is conducted informally throughout a client's program of services and accomplished formally via the Staffing Checklist, Exit Interview, staff meetings, and the Center's Annual Survey.
2. Architectural - At a minimum of every three (3) years, an external inspection by a competent authority (i.e., rehabilitation engineer or technology specialist) is conducted based on Americans with Disabilities Act (ADA) standards with a written report of findings. The Assistant Director for Facility Management documents through a written corrective action plan all efforts to address deficit findings. The Center Director provides a written report of actions taken to enhance architectural accessibility resulting from client input and/or general operating activities in the annual outcomes management report.
3. Transportation - The client's need for transportation services to and from the Center to enable participation in programs and services is evaluated. Transportation to the Center at the beginning of a client's program of services and to his/her home at the end of the program is arranged by the OVRB referring counselor if needed. The Center provides resources to allow clients to return home one weekend each month during their stay at the Center, and enable them to participate in necessary programs and activities. Staff communicates with the client and the district counselor to determine transportation needs.
4. Communication - The need for interpreter services and alternate media by clients, staff and other stakeholders is addressed. The Center uses testing and training materials which are readily understandable by the client. The Center has the capability to produce audio tape, Braille, and large print

media as needed. If appropriate, the Center, through its referring counselors, accesses needed communication services through the MDRS Office of Assistive Technology, MDRS interpreters for the deaf, other MDRS communication specialists, and as appropriate and necessary, by the purchase of services from private sector providers and/or other governmental agencies. The Center has an agreement with the University of Mississippi Medical Center for the provision of interpreter services for a wide array of foreign languages, should the need arise. (*Reference: "Interagency Agreements/Collaboration" file.*)

5. Environmental - Changing needs of the community, stakeholders, clients and staff are considered in planning for budget and utilization of financial resources.
6. Financial - Donations and other additional community resources are used to meet identified barriers of individual clients.
7. Employment - Staff training and client services address the employment barriers of persons with disabilities both locally and nationally.

12.02 Measuring Accessibility

Resources for assessing accessibility include, but are not limited to:

1. MDRS Assistive Technology Staff
2. AMRC Client Management Staffings
3. AMRC Client Exit Interviews
4. AMRC Client Follow-up Survey
5. AMRC Annual Survey
6. Director/Clients Meetings

CHAPTER 13 (1M) Information Measurement and Management

13.00 Outcomes Measurement System

The Center has an Outcomes Measurement System, which meets the following criteria:

1. Measures results of programs and services
2. Includes all programs
3. Includes all persons served
4. Measures regularly the progress of those being served in relation to program goals
5. Evaluates information after completion of services

The Center's Outcomes System includes the following:

1. Each program of services provided by the CRP—Personal Adjustment Training and Vocational Evaluation—has an individual Outcomes component to determine the degree to which persons served meet the goals of their individual program plans and their satisfaction with the service delivery system. (*Reference: "Outcomes Measurement System" file.*)
2. The Outcomes Measurement System has in written form for both Personal Adjustment Training services and Vocational Evaluation services entrance criteria, a listing of services, measurable objectives, specification of the time each measure is applied, measures of effectiveness and efficiency, and measures of satisfaction of persons served with the program. (*Reference: Center Manual and "Outcomes Measurement System" file.*)

The System tracks at least the following:

1. Caseload characteristics (diagnoses and incidence of secondary disabilities)
2. Services received
3. Dates of services (entrance and exit)
4. Outcomes of services provided by each program

Outcomes management reports include the following:

1. Measures of effectiveness
2. Measures of efficiency
3. Measures of satisfaction of persons served with the programs
4. Characteristics of the persons served
5. Interpretation of the results through a narrative report
6. Actions taken or planned to improve performance.

Information generated by the Outcomes System is made available to appropriate levels of management. Information is analyzed, interpreted, and used to provide the basis for the development of an annual, comprehensive report that assesses all programs operated by the Center. Such information is used by management to maintain, modify, or improve individual programs. The Outcomes System structure includes the following:

1. A mechanism to identify performances less than acceptable
2. When performance is less than acceptable, reasons are noted and identified
3. Management action taken to improve performance to an acceptable level
4. Follow-up and monitoring of corrective action that takes place at specific times with results documented

There is evidence that Outcomes information is utilized at every level of the Center to continually improve services.

Incorporated into the Annual Management Report is a review of the Outcomes System by the Center to analyze the nature of the caseload. This review includes the following:

1. The consideration of the appropriateness of the caseload for the intensity and type of services provided
2. The determination as to whether changes in characteristics of the persons served indicate a need for program modification or expansion.

Following the reporting period, Outcomes information is disseminated in an understandable fashion to the Department administrative staff, the Governing Authority, Center staff, and the Center's public including persons served, contributors, supporters, referring counselors, and others.

The Center portrays itself in a manner, which is accurate and valid. The information is consistent with results shown in the Center's Outcomes System.

An ongoing review of the effectiveness of the Center is undertaken by the Center Director through the Outcomes Measurement System.

The Center provides for a continuous review of the Outcomes Measurement System and its adequacy. (*Reference: "Outcomes Management System" file.*) This review ensures that:

1. Formal reviews take place on an annual basis
2. Center staff and the persons served have an opportunity to recommend or make modifications
3. A determination of the efficiency of the Outcomes System is documented

13.01 Confidential Records

Examples of confidential records include, but are not limited to, client files, performance appraisal information on individual employees, employee reprimands/commendations, personnel and training records, I-9 information, and accounting and budget information.

13.02 *Records Protection Policy*

The REACH Center for the Blind takes precautions to protect all confidential

administrative and case records by the following steps:

1. Access to confidential records is limited to the Center Director, the Assistant Center Director, the Program Manager designated to monitor the client's progress, and the office administrative assistant assigned to maintain client files.
2. The REACH Center for the Blind maintains a policy for persons being served to access his/her record. Anyone desiring part or all of his or her record needs to inform the Center Program Manager of this. The Program Manager will review the record, and, in the normal course of events, will inform the Center Director of this fact and release the records. Under federal law, certain rare circumstances may trigger a medical professional or legal review. If this is the case, the person being served or their representative will be informed of this, and the review will take place as quickly as possible.
3. A generally accepted filing system for such records is maintained at all times.
4. A check in/check out system for all files and records is maintained when files are removed from the area where files are kept. A staff person in the area where such records are kept is designated as responsible for control and accounting for such records.
5. During the workday, all records are kept in a supervised office in metal files or storage cabinets with reasonable protection against fire, water damage, and other hazards taken. The file area is locked and secured after working hours.
6. MDRS network back up on the server and hard copies are retained for all electronic records to ensure protection of such records against loss.

13.03 *Records Retention/Disposal Policy*

All confidential administrative and case records are kept for a minimum of three years with the exception of certain accounting records which are retained indefinitely. (*Reference: OVR/OVRB Policy and Procedures Manual.*)

13.04 Personnel File Contents

Each Center employee has a permanent personnel file to retain the employment application, job description (may include a Job Content Questionnaire), verification of credentials, performance appraisals, payroll deductions, salary, and position changes, etc. The official records for State Service Personnel are maintained at the MDRS central office. A supplemental personnel file is

maintained at the Center and includes copies of annual performance appraisals and feedback, attendance/leave information, flex time forms and job description.

13.05 Retention of Referral Information

If a client does not report on the scheduled admission date, the referring counselor is notified in writing immediately. If the client is not rescheduled for entry, the Center retains the referral information in a "No Show" file.

13.06 Disclosure of Confidential Client Information

See the OVR/OVRB Policy and Procedures Manual.

13.07 Single Case Record

Each client has a hard copy individual case file. During their stay at the Center, the Center Nurse maintains a separate medical file. Upon completion of the program of services, the medical file is combined with the case file. Records are clear, complete and current. Reports are objective and distinguish fact from opinion. Records confirm in writing that all recommended and planned services have been carried out or there is documentation as to reason not completed.

13.08 Organization of Material in Case Record

The client record is divided into four sections. After the initial referral information, all subsequent information is filed in inverse chronological order based on date of receipt.

Section One contains the original referral documents, including: initial referral material and the client data sheet,.

Section Two contains general information originated at intake and while the client is in the Center, including the following forms: Initial Intake, Orientation Checklist, Fire Exit, Picture Release, Permission to Leave the Center (if applicable), IAP and/or IVEP, Counselor Correspondence, Cane/Noir, Informed Consent, Alcohol and Drug Testing, Running Records, and all correspondence concerning the client including any received from the district counselor.

Section Three covers information obtained at exit as well as certain supplemental services provided by the Center. This information includes: Exit Interview, Follow-up Questionnaire and, if applicable, Psychiatric Case Notes, Medical Consent Form and medical records.

Section Four contains all Center generated reports and includes: Psychological Reports, Vocational Evaluation Report, Instructors' Reports, and Staffing Checklist.

When a client has exited from the Center, Sections One and Two are placed together on the left side of the file with a colored section divider between the two sections. Sections Three and Four are placed together on the right side of the file with a colored section divider between each section.

13.09 Case Record Requirements

A case file should include the following:

1. Case identification data
2. Name and address of client's guardian, if appropriate
3. Pertinent history, diagnosis of disability, limitations, special needs (e.g., communication), and desired outcomes/expectations
4. Prescribed medications, the name of the prescribing physician and other relevant medical information
5. Reports of initial and ongoing assessments
6. Reports from referring sources
7. Reports from outside consultants
8. Designation of program manager
9. Evidence of the direct involvement of the person served in the decision making process related to his/her program.
10. Reports of staff conferences and, if held, family conferences
11. Client's individual PAT objectives for each instructional area
12. Progress reports from each service area (signed and dated)
13. Pertinent correspondence
14. Release forms
15. Exit interview
16. Follow-up reports

In addition to the above, for clients who receive Vocational Evaluation services, case records will include the following:

1. Potential employment goals
2. IVEP (Individualized Vocational Evaluation Plan)
3. Documentation of evaluation results that pertain to work tolerance (physical/mental tolerance, persistence in work/physical activity).

13.10 Case Recording

All files are kept current. Information is recorded within 48 hours of the event and exit reports within ten working days following termination/completion of program. Individual instructional areas may maintain work sheets pertinent to that area to record information. However this does not replace the main case record. These work sheets are secured to protect the confidentiality of the information.

13.11 Signature Policy

Entries in the Running Record are signed with the person's first initial and last name. All formal reports and official outgoing correspondence include full signature.

13.12 Case Review (Quality Assurance)

The Center provides a bi-annual internal quality assurance and record keeping review of client files. The Assistant Director for Client Services performs the quality assurance analysis and provides a written report to the Center Director. A representative sampling is reviewed. This sampling is taken from cases that were active and/or closed during the period being reviewed. Results of findings are shared with members of the psychosocial committee.

The Assistant Director for Client Services is responsible for the case reviews and provides the Center Director reports of the findings with recommendations for improvement. Upon approval by the Center Director, the Assistant Director for Client Services will initiate any corrective action indicated by the report. The review of case quality assesses the following:

1. Each service began at the appropriate time
2. Appropriate services were provided for an adequate duration
3. Appropriate goals were stated for each service
4. Services produced the desired results in terms of program goals and the needs and preferences of the individual
5. The person served participated in program planning
6. All required and appropriate documents are contained in the file

CHAPTER 14 (1N) Performance Improvements

Various management records and reports generated by the Center are used to guide the operation, support the assessment and improvement in quality of services, measure and communicate performance, and reflect the current status of the Center.

The Center Director presents and interprets operating reports, including those reflecting the efficiency and effectiveness of the Center. These reports include, but are not limited to, the following:

1. Annual Outcomes Management Report
2. Outcome Measurement System Results
3. Financial Statements
4. Strategic Management Plan Reports
5. Personnel Reports
6. Program Quality Assessment
7. Monthly Reports
- 8.

These results are supplied to the REACH Center Governing Authority and to the OVRB Director who presents them to the MDRS Executive Director. These presentations provide an opportunity for policy and operational review, analysis, and action.

The Center Director analyzes management reports and compares performance against budgetary, administrative, and professional standards. In addition, the Center

Director analyzes the extent to which the Center's goals and objectives are being attained. The results of these activities are used by the Center Director to initiate appropriate preventive, pro-active, or corrective measures.

CHAPTER 15 (10) Client Services

15.00 GENERAL SERVICE INFORMATION

The information in the following section contains procedures that are common to each of the primary service areas of the Center – Personal Adjustment Training, Vocational Evaluation, and Low Vision.

A. Referrals

Service requests are submitted to the Center via AACE (the Automated Accessible Case Environment) electronic local area network of MDRS. Some outside third party sources continue to utilize the AMRC-01 paper form. The Assistant Director for Client Services sets the entry date. The VRB/IL counselor or third-party sponsor provides copies of the following information when making a service request from the Center:

1. Medical information including an eye report, general medical, psychiatric, and/or psychological reports pertinent to the individual client. In some cases the Center may require more recent and/or detailed information than the counselor has required to establish eligibility. This information may be needed to determine a client's ability to benefit and participate in a residential program and ensures that the client and others are not jeopardized by being placed in an inappropriate assessment or class assignment.
2. School records, including IEP for all Transition Students, if available.
3. Previous vocational evaluation and/or work adjustment reports if available.

B. Re-referrals

If a counselor refers a former client to the Center for additional services, the counselor submits a NEW service request stating the services the client currently needs and explaining why the counselor feels the client should return, including any changes which might affect the plan for services.

The counselor's request is staffed and the previous case file will be the case of record for the Center's filing purposes.

Prior to setting entry date, all referral information is reviewed to see if it is adequate to determine appropriate services for the client. The Assistant Directors, the Center Nurse, Medical and Psychiatric consultants and others, as necessary, may all be involved in the decision when questions arise. The responsibility for determining appropriateness of referrals lies with the Center Director. Records of the pre-entry procedures are maintained in the client's file and include the following:

1. Date of service request and review of materials
2. Entry date of client if accepted or, if not accepted, the reason
3. Designation of a Center Program Manager
The counselor is notified of the scheduled entrance date, services planned and the client's Center Program Manager by way of the "Counselor Correspondence Form." (*Reference: Blank Forms Book.*) If, considering the client's disabilities the Center needs more information than provided, a meeting with the client prior to a decision on entrance may be suggested.

C. Order of Acceptance Policy

For MDRS clients the acceptance policy of the REACH Center for the Blind is first referred, first accepted. This policy also applies in times when a waiting list is in use. Administrative staff of the Center reserves the right to exercise judgment regarding acceptance based on special circumstances and client's need. In the event of a backlog, client will be scheduled in the order received.

D. Reentry Policy

Terminated clients seeking re-entry to the Center are considered as a standard referral.

E. Reorientation Policy

It is the policy of the REACH Center for the Blind that any client participating in our program for more than 12 (twelve) months will be reoriented and his/her rights will be discussed.

F. Ineligible Individuals

If a person is determined ineligible for services at the time of referral or any other point during his/her stay at the Center, the client and/or the referring counselor is informed of the reason. If possible, appropriate recommendation for referral is made to other community services. Records are kept on these individuals indicating the following:

1. Reason for ineligibility
2. Action taken
3. Contact person
4. Outcome of recommendation

At least annually, an analysis of trends in ineligible cases is conducted with resulting information incorporated into the Center's planning activities. (*Reference: "Ineligible Individuals" file.*)

G. Orientation Policy for Clients

All information provided to the client is communicated in terms he/she can understand, using modes of communication that are appropriate to the individual client. On the first day at the Center, clients are given an orientation to the Center services, and what to expect during his/her stay. The Client Handbook is explained in detail to the client by the Program Manager who also ensures that the client has a personal copy of this handbook. (This handbook is available in regular print, large print, Braille and audio-cassette). The client is also given a tour of the Center to familiarize him/her with the staff and the physical layout of the facility. Clients are not placed in class assignments until the orientation has been completed. An audiocassette containing the Client Handbook and a brief orientation to the Center is in each client's dormitory room. It is made available to day students, as needed, to review the layout of classrooms and other student areas within the Center.

H. Client Handbook

The Center distributes—in appropriate alternate format—and explains the Client Handbook to all clients. Information in the Client Handbook includes:

1. The responsibilities of the Center and the client
2. Rules and regulations
3. Nondiscrimination provisions
4. Grievance and appeal provisions
5. Human Rights provisions
6. Services provided at the Center
7. Policies regarding re-entry into the program

I. Intake Interview

The client participates in an intake interview conducted by the Program Manager. The intake interview includes a discussion of:

1. The mission, programs, and services of the Center
2. The process for the development of program goals and the active participation of the persons served in goal setting and individual planning
3. A list of the rights and responsibilities of the persons served, corresponding grievance and appeal procedures, and any restrictive procedures that may be used
4. The identification of the individual responsible for coordinating services and a description of the role of this individual (the Center Program Manager).
5. Clients of MDRS are informed that they have no financial obligation for services provided by the CRP.

The client signs the statement of understanding at the end of the Client Initial Intake

Form. (*Reference: Blank Forms Book.*) The referring counselor is notified that the client has entered as scheduled.

Whenever possible the client's family or client representative is invited to participate in the orientation/rehabilitation process. The referring counselor ascertains if the client wishes this participation.

J. Individual Program Planning Policy

After entry into the Center, staff reviews all the referral and intake information and makes recommendations regarding the individual's program needs. The client and his/her Program Manager work together to develop an individual program focusing on the client's expectations and desired outcomes.

When appropriate, the client's family or significant others are involved. The focus of the program is on integrating the individual into the community through increased independence and skills. Both the Program Manager and client sign the program. Personal Adjustment Training Instructors and others who have responsibility for implementing parts of the program sign off indicating awareness of their responsibilities. The individualized program is reviewed at least monthly and modified as needed.

The person served is actively involved in the individual planning process and has a major role in determining the direction of his/her individual plan.

All services provided are related to the individual's goals. Each plan is based on the client's specific and unique needs. This plan contains the following:

1. Individual client preferences and choices
2. Services to be provided
3. Specific service goals and objectives
4. Time intervals at which service outcomes will be reviewed
5. Anticipated time frames for the accomplishment of the individual's goals
6. Measures and procedures to assess outcomes (Individual Functional Assessment)
7. Person responsible for implementation of the plan (Center Program Manager)
8. Special needs (e.g., assistive technology, sign/foreign language interpreter, Alcoholics Anonymous participation, Mental Health counseling, etc.)

K. Program Manager

Each client is assigned to a single Program Manager who is a member of the Psychosocial Team. The Program Manager is responsible for the client during the implementation of his/her plan. The Program Manager ensures the individual is adequately oriented to, and actively participates in, discussions of plans, goals, and status of his/her program on an on-going basis. Program Managers ensure that the client's program proceeds in an effective manner toward the goals and that all planned services are provided. The Program Manager promotes the program's responsiveness to the strengths, abilities, needs and preferences of the client and attends conferences about the client to ensure proper decisions are made regarding program continuation, termination, follow-up, etc. The Program Manager serves as the primary liaison with referring counselors, family members and significant others.

L. Assistive Technology

In order to maximize the client's performance, adaptive measures are used whenever possible with individuals having sensory, physical, communication, or other functional limitations which might otherwise present barriers. The client's assistive technology/reasonable accommodation needs are considered from the time the referral information is received throughout the client's entire program (Vocational Evaluation and/or Personal Adjustment Training). Equipment modifications and other techniques are used to provide reasonable accommodations to assist in maximizing the productive capacity of the client. The Center's assistive technology resources through the Low Vision Evaluation and the MDRS Office of Assistive Technology are utilized to address these areas as appropriate to the needs of the client and Center. (*Reference: Section 8.03 of the Center Manual.*)

M. Behavior Management Policy and Procedures

It is the policy of the Center to use positive interventions prior to the use of restrictive procedures. In the event that unacceptable behavior is displayed by a client, an analysis, either formal or informal, is completed by Center staff to determine if any environmental factors may have caused or reinforced such behavior. If environmental factors are determined to be involved, the staff implements appropriate positive measures to modify or restructure the environmental influences in order to reduce or eliminate the behavior.

1. In the event the unacceptable behavior continues after efforts are made to restructure or change the environment, the next step is to implement positive counseling and/or other positive behavioral modification techniques including positive reinforcement to alter, reduce, or eliminate the undesirable behavior. These behavioral techniques and efforts become a

- component of the individual program plan.
2. Only after extensive counseling and/or behavioral management techniques fail to produce a change of the behavior, will the staff employ appropriate restrictive procedures.
 3. Allowable restrictive procedures may include time-out (not to exceed a 30 minute period) and suspension (not to exceed 3 days). The area chosen for timeout (usually a client's dorm room) is well lit, ventilated, and does not present an environment of total seclusion from visual or auditory feedback. During time-out procedures, a staff member checks on or monitors the status of the person served every fifteen (15) minutes. If at any point the client is deemed to need counseling, time-out is terminated and counseling is provided. If time-out procedures do not effectively alter, reduce or eliminate undesirable behavior then suspension from the program is implemented.
 4. In all cases where restrictive procedures are under consideration, the staff only implements such actions after clearly explaining the procedures to the client and/or, as applicable, his/her representative. The person served is requested to sign an Informed Consent Form to acknowledge that he/she understands the restrictive procedures that are being put in place. This Form is then attached to the individualized program plan.
 5. Failure to change the behavior is reason for termination from the program. The termination occurs only after extensive and graduated steps of environmental change or counseling procedures are found to be ineffective in stopping the behavior.

N. Referrals for Additional Services.

Outside services are obtained that meet the individual needs of the client. These are coordinated with the Center's program of services. (*Reference: "Clients Referred for Concurrent Ancillary Services" file.*) Records of persons referred are kept and contain at least the following information:

1. Place referred
2. Date
3. Reason for referral
4. Contact person

O. Termination Procedures

Termination planning begins early in the program and involves the person served, all professional staff, and resource personnel contributing to the person's program. All parties involved receive ample notice concerning the termination decision. The client is provided an exit conference and completes an Exit Interview Form. (*Reference: Blank Forms Book.*) This form includes the following information:

1. Reason for termination
2. Any recommended referral action
3. Date of termination
4. Satisfaction with services provided while at the Center

P. Follow-Up

A follow-up is done on all clients to determine to what degree the person's program was successful, whether the services provided were optimal, and if further services are required. Documentation of measurable satisfaction of the person served is obtained through the follow-up process. This information is incorporated into the Outcomes Measurement System. Contact is made regarding every client within ninety working days after his/her closure date. This contact may be by telephone, letter, or in person. The client is contacted directly by the Center or the referring counselor or an OVRB Itinerant Teacher may assist in obtaining the follow-up information. The follow-up information is maintained in the client's permanent file.

15.01 Personal Adjustment Training (PAT) Services

Personal Adjustment Training is an array of services provided directly at the REACH Center for the Blind and through linkage with other resources in the community which takes into consideration the needs of the individual served and that person's family, the informed choices of the individual, and the unique socioeconomic, and cultural needs of those served. PAT services result in increased inclusion in community activities, increased or maintained ability to perform activities of daily living, and increased self-direction, self-determination, self-reliance, and self-esteem.

A. PAT Admission Criteria

The requirements for entrance to personal adjustment training services are as follows:

1. Has VR/VRB or other 3rd party sponsorship
2. Is at least 16 years of age
3. Has prior medical and/or psychological evaluation appropriate to disabling condition(s)
4. Is not dangerous to self and/or others
5. Is free of any acute medical and or psychological conditions
6. Is able to care for his/her own personal needs
7. Has specifically identified functional limitations to independence and/or employment that require PAT services

B. PAT Services

PAT makes provision for but is not limited to the following:

1. Instruction in Techniques of Daily Living
2. Instruction in Personal Management (planning, shopping, preparing meals)
3. Communication Activities including skills such as time, telephone and money management
4. Functional literacy skills, including Braille
5. Education and Training Activities, including GED preparation classes
6. Access to governmental and community services (including SSI/SSDI and other benefits)
7. Development of work attitudes and vocational pursuits
8. Adjustment to blindness, including building self-esteem.
9. Orientation, Mobility and transportation skills
10. Assistive technology, including computer training
11. Keyboarding skills
12. Leisure or Recreation
13. Health and wellness promotion
14. Specialized communication services for individuals with dual sensory impairments

It is not required that every person served receives all the services available. Each individual receives those services that will help meet his/her goals. The time spent in adjustment services is based on the time necessary to accomplish the individual's goals. The progress of each client is monitored by the Program Manager to ensure timely progress.

C. PAT Techniques

The provision of PAT services is based on the individual client's needs and choices. They are documented in such a way that uniform application is ensured. This includes a curriculum guide and specific instructional methods. (*Reference: PAT Curricula Book.*) Examples of adjustment techniques include, but are not limited to, the following:

1. Classroom Instructional Activities
2. One-on-one contacts with program manager and other staff
3. Individual/Group activities, including community outings
4. Guest Speakers

D. Individualized Personal Adjustment Training Plan (IAP)

Each client participates in the development of his/her individual adjustment plan. The plan is based on consideration of the individual's goals, strengths, capabilities, and preferences and is relevant to maximum participation in environments of their choice. The IAP includes the following:

1. Objectives (stated in observable, measurable terms) which are considered necessary to attain the person's vocational objectives
2. Statements of expected outcomes
3. Time intervals for achieving outcomes
4. Assignments or specific instructional techniques and methods consistent with the adjustment goals
5. Identification of specialized needs and/or services
6. Specific persons to be involved in the plan and evidence that these individuals are aware of their role in the plan (their signature or initials suffice for documentation)
7. Reviews to be conducted at least monthly with modifications made as necessary

E. PAT Progress Staffings and Reports

Staffings are held at least monthly. Attendance at this staffing includes the person served, those instructors involved in the person's program of services, the person's Program Manager and the Vocational Evaluator, if appropriate. These staffings address the client's progress toward his/her program objectives, point out any amendments necessary, and justify recommendations regarding continuation of his/her program. A separate memo is not required to document staffings, but staffing information is included in the progress report to the referring counselor. (*Reference: Blank Forms Book.*) This report is to be completed and disseminated to the appropriate parties within 10 working days following a staffing.

F. PAT Final Staffing

A staffing is held prior to the completion of PAT services. This staffing addresses the results of PAT services and provides recommendations for the future (i.e., information about other agencies or services and specific information about equipment that may be beneficial for the individual. If the referring counselor is not present, a copy of the original Counselor Correspondence Form is sent to the referring counselor notifying date of termination.

G. PAT Exit Criteria

A client may exit PAT services for any one of the following reasons:

1. Completion of all the goals on the IAP
2. Entrance into employment
3. Entrance into training (College or Skills training)
4. Client exits the program of his/her own accord prior to completion of the IAP
5. Client fails to carry out his/her assigned responsibilities in the IAP
6. Client develops an acute medical and/or psychological condition
7. Client develops behaviors that pose a danger to self or others

15.02 Comprehensive Vocational Evaluation Services

Vocational Evaluation is a comprehensive process that systematically utilizes formal testing instruments for assessment and vocational exploration. The purpose is to assist the person with vocational development leading to employment options. Vocational Evaluation incorporates medical, psychological, social, vocational, cultural, assistive technology, and economic data into the process of evaluation.

A. Vocational Evaluation Admission Criteria

The requirements for Vocational Evaluation are as follows:

1. Client has VR/VRB or 3rd party sponsorship
2. Is at least 16 years of age
3. Has prior medical evaluation appropriate to disabling condition(s)
4. Is free of any acute medical and/or psychological conditions
5. Is not dangerous to self and/or others
6. Is able to care for personal needs
7. Vocational potential is uncertain
8. Adjustment service needs have not been determined

B. Vocational Evaluation Services

Services are comprehensive and assess information about the following:

1. Physical and psychomotor capacities and limitations
2. Cognitive functioning
3. Social, personal, and work related behaviors
4. Interests, attitudes, career aspirations, and knowledge of occupational information
5. Personal, social and work histories

6. Aptitudes
7. Achievements (e.g., educational and vocational)
8. Job seeking and retention skills
9. Identification of work and non-work related needs
10. Possible employment objectives
11. Ability to learn about self as a result of the information obtained from evaluation
12. Learning style (including ability to understand, recall, and respond to various types of instruction)
13. Transferable skills
14. Environmental conditions
15. Assistive technology and reasonable accommodations

16. Community and employment supports
17. Independent living skills
18. Mode of communication

The program has the capacity to assess all of the above, but does not assess every person's functioning in each of these areas. The needs of the person served dictate the areas in which assessment is done.

C. Vocational Evaluation Techniques

A variety of tasks are utilized to ensure the evaluation needs of the client are met. Vocational evaluation services draw on one or more of the following techniques based on the specific abilities and needs of the persons served:

1. Psychometrics
2. Work samples
3. Situational assessment (if needed)

The area set aside for Vocational Evaluation is designed with sufficient space for these activities. The use of specific instruments is based on the individual client's needs, interests, and capacities. All diagnostic and technical data are supplemented with personal interviews and behavioral observations. Time frames for the evaluation of a client are determined by the individual needs of the client.

D. Individualized Vocational Evaluation Plan (IVEP)

Each client shall participate in the development of his/her Individualized Evaluation Plan (IVEP). For clients who are also receiving Personal Adjustment Training services, the IVEP is considered an addendum to the Individualized Adjustment Plan (IAP). Any assessment plan is based on the referral information, intake interview,

questions asked by the referral source, stated purpose of the evaluation, and the individual's interests and capabilities. The plan:

1. Identifies specific questions to be answered in evaluation
2. Specifies what accommodations are utilized including assistive technology
3. Specifies the individuals to be involved in carrying out the plan with evidence of their participation (signatures will suffice for this)
4. Is modified if necessary

E. Vocational Evaluator Participation in Monthly Client Staffing

For clients in PAT, the vocational evaluator attends the initial or evaluation staffing to provide recommendations and information to instructors. The evaluator also meets with instructors separately on an as need basis to assist in planning for individualized approaches which take into consideration learning styles and special needs of the client.

F. Vocational Evaluation Summary

A meeting is held with the client prior to the completion of evaluation. The meeting is attended by the Vocational Evaluator and person served if the individual has received only Vocational Evaluation. This meeting addresses the preliminary results of the evaluation and any recommendations for further services.

G. Vocational Evaluation Report

The Evaluation Report is completed, disseminated and properly interpreted to the client/district counselor in a reasonable amount of time (20 working days) following the completion of the evaluation. A cover letter is sent to the referring counselor stating the date the meeting was held, persons present, barriers to employment, recommendations (including vocational goal, if appropriate), and starting dates of any new services. The evaluator has 20 working days from the client's exit date in which to complete and disseminate the report.

Any possible vocational goals are expressed in terms of D.O.T. job titles/families when vocational goals are not found, non-vocational goals are specified and related to resources available in the community.

H. Vocational Evaluation Exit Criteria

A client exits the evaluation services unit for any of the following reasons:

1. All the questions contained in the IVEP are completely addressed or answered
2. Vocational potential and direction is determined
3. Lack of vocational potential is determined
4. Client exits program of his/her own accord prior to termination and/or completion of the IVEP

5. Client fails to carry out his/her assigned responsibilities in the IVEP
6. Client develops an acute medical and/or psychological condition
7. Client develops behaviors that pose a danger to self or others

15.03 Low Vision Services

The Low Vision Program at the REACH Center for the Blind was developed to allow persons with significant visual loss to be evaluated to determine if aids, appliances, devices, or equipment exists that will enhance their ability to confidently and independently pursue their careers and private lives.

Technology is available in many forms, ranging from various types of magnifiers, lamps, to high-tech items and closed circuit television reading systems and specially modified computer systems. When it is determined that a client will need computer equipment, the program manager contacts the district counselor for referral to MDRS Office of Assistive Technology.

A. Low Vision Admission Criteria

To receive Low-Vision services, a client must:

1. Have VR/VRB or 3rd party sponsorship
2. Be at least 16 years of age
3. Have specific request for low vision services by the referral source

B. Low Vision Services and Techniques

Evaluation/Assessment: This service includes an assessment of the person's ability to use and benefit from equipment by hands-on demonstrations and try-outs of a broad array of devices such as magnifiers, and closed circuit television devices.

Limited training is provided in the use of assistive devices. If it is determined that a client could benefit from in-depth training in the use of a computer, such recommendation will be made to the referring counselor, who, at his/her discretion, will make arrangements for an assistive technology evaluation through the MDRS Office of Assistive Technology. Center staff also provides demonstrations to various MDRS personnel and other service providers as requested.

C. Low Vision Reports

Reports generated by the Low Vision specialist to referring counselors include equipment recommendations, justification, prices, vendors, etc. Reports are completed within 10 working days after completion of an evaluation. When appropriate, recommendations of low vision evaluations are incorporated into the individualized

programs of services for Center clients.

D. Low Vision Exit Criteria

A client may exit from the Low Vision services unit for any of the following reasons:

1. All the questions contained in the original referral and request for evaluation are addressed or answered
2. Equipment or device needs are determined
3. Client exits program of his/her own accord prior to completion of the evaluation; client refuses to participate or is unable to keep scheduled evaluation appointment

15.04 Additional “Special” Services

The center offers the following additional “special” services on an adjusted per diem when space and schedule permits to clients of the MDRS Independent Living Program for the Older Blind and third party payers:

1. On-site orientation and mobility at the individual’s work place.
2. Computer training in specific skill areas such as E-mail, Internet use, etc.

APPENDIX A

Accessibility Reports
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Client/Director Meetings
Clients Referred for Concurrent Ancillary Services
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Community Involvement (Clients)
Consultants / Referral Resources
Daily Maintenance on Building
Dietary Procedures
Donations / Contributions Lions Club/Other
Dorm Supervisors
Drills
Employee Handbook and Standards of Conduct
External Inspection
Facility Advisory Committee
Fee for Service Schedule
Governing Authority
Guidelines on Legal Issues
Health Policies and Procedures
Human Resources
Incident / Accident Reports
Ineligible Individuals
Interagency Agreement / Collaboration
Letters of Acknowledgement to Referral Sources
Letters of Appreciation Clients and Staff
MDRS—Board Members
Monthly Reports
Outcomes Measurement System (3 folders)
Psychosocial Meeting Minutes and Staffing Schedule
Public Information and Outreach
Public Meetings for State Plans
Quality Assurance
Resource Material: Professional / Education
Rights of Persons Served

Safety Policies and Procedures
Staff Development/Training
Staff Meeting Minutes
Staff Outreach
Strategic Management Plans
Technology and Computers
Volunteer / Intern Program

Supplemental Documentation / Resources

REACH Center for the Blind Manual
REACH Center for the Blind Personnel Files
Blank Forms Book
Executive Memoranda File
MDRS / HRD Policies Notebook
OVR / OVRB Policy and Procedures Manual
State Personnel Board (SPB) Employee Handbook

APPENDIX B

Code of Ethics

1. MORAL AND ETHICAL STANDARDS

The employees of REACH Center for the Blind and the members of the REACH Center governance authority shall behave in a moral and ethical manner in the conduct of their specific roles.

2. BUSINESS / FINANCIAL STANDARDS

The REACH Center for the Blind shall conduct its business/financial practices in the ethical manner, in keeping with generally accepted business/financial principles.

3. MARKETING STANDARDS

The REACH Center for the Blind shall conduct its marketing activities in a moral and ethical manner. Public information and outreach activities shall be honest, accurate, and positive in the depiction of individuals with disabilities.

4. TREATMENT OF THE PERSONS SERVED AND OTHER COMMUNITY MEMBERS

The employees of REACH Center for the Blind shall respect the dignity and worth of all individuals with whom they work. The primary ethical obligation of REACH Center for the Blind employees is to their consumers; or those persons who are directly receiving their services. REACH Center employees will endeavor at all times to protect each consumer's welfare and to place this interest above their own.

5. PROFESSIONAL RELATIONSHIPS

Interpersonal cooperative relationships shall be seen as vital in achieving optimum benefits for consumers. Professionals shall respect the value and roles of professionals and staff in other disciplines and act with integrity in their relationships with professional colleagues, organizations, agencies, referral sources and related disciplines.

6. CONFIDENTIALITY

The employee of REACH Center for the Blind shall respect the confidentiality of information obtained from consumers in the course of their work.

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